

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086165

Vendor Name: ICISP

Invoice Number: 5/5/2022

Invoice Date: 5/6/2022

PO Number:

Check Number: E0089582

Check Amount: \$ 1,400.00

Check Date: 05/10/2022

Voucher Number: V0738049

Document Type: AP Invoice

Document Below

Check Request Form

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: 5/6/2022 Vendor ID: 1086165 Vendor Name: ICISP
 Payee Address: 1500 W Raab Rd, Normal IL 61671 Payment Due Date: 5/7/2022

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
5/5/2022	05-60-00661-5505006	International Travel Costs	650.00
Total			\$ 650.00

Check the appropriate box below:

- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Description on Check:

Other Instructions:

All requests will require the following approvals:

Requester: Sue Kerby Digitally signed by Sue Kerby
Date: 2022.05.06 11:25:27 -05'00 Print Name: Susan Kerby

Budget Officer: _____ Print Name: _____

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Area Administrator (only required if request is \$5,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$10,000 and over): _____ Print Name: _____

Board Approval Date (only required if request is \$25,000 and over): _____

Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), invoicing@cod.edu.

Check Request Form (*cont.*)

Processing a Check Request:

To expedite the processing of a check request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the general ledger account number is included and correct.
5. Maintain a copy of the approved check request form for department records.
6. Submit the completed check request form to the Accounts Payable Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.



ICISP

ILLINOIS CONSORTIUM FOR
INTERNATIONAL STUDIES
AND PROGRAMS

INVOICE

DATE: MAY 5, 2022

ICISP, c/o Karen Huber
Heartland Community College
1500 West Raab Road
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981
E-mail: karen.huber@heartland.edu

TO College of DuPage
Attention: Sue Kerby
425 Fawell Boulevard
Glen Ellyn, IL 60137-6599

DUE DATE

Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
13		\$50.00	\$650
SUBTOTAL			\$650
CREDIT			
TOTAL DUE			\$650

Make all checks payable to *ICISP-Heartland Community College*
THANK YOU FOR YOUR BUSINESS!

"McKellin, Maren" <mckellin@cod.edu>

Check Request -- Costa Rica check for ICISP admin fee

"McKellin, Maren" <mckellin@cod.edu>

Fri, May 6, 2022 at 04:30 PM GMT

CC: Kerby, Susan <kerbys@cod.edu>

BCC:

Hi. Please see the attached Check Request.

Thanks,

Maren

From: Kerby, Susan <kerbys@cod.edu>
Sent: Friday, May 6, 2022 11:26 AM
To: McKellin, Maren <mckellin@cod.edu>
Subject: Costa Rica check for ICISP admin fee

Sign and send along. Thanks.

Sue Kerby

College of DuPage Field Studies|Study Abroad|Global Education

Coordinator of Study Abroad

425 Fawell Blvd, BIC 3520

Glen Ellyn, IL 60137

(630) 942-3078

1 attachment

CR 2022SU ICISP admin fee check request.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086165
Vendor Name: ICISP
Invoice Number: 5/5/2022 DUES
Invoice Date: 5/6/2022
PO Number:
Check Number: E0089582
Check Amount: \$ 1,400.00
Check Date: 05/10/2022
Voucher Number: V0738050
Document Type: AP Invoice

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Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
5/5/2022 Dues	01-10-00381-5406002	Field & Experiential Learning: Dues	750.00
Total			\$ 750.00

Check the appropriate box below:

- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Description on Check:

Dues 2022-2023

Other Instructions:

All requests will require the following approvals:

Requester: Sue Kerby Digitally signed by Sue Kerby
Date: 2022.05.06 11:39:05 -05'00' Print Name: Susan Kerby
 Budget Officer: Maren McKellin Digitally signed by Maren McKellin
Date: 2022.05.06 11:40:54 -05'00' Print Name: Maren McKellin

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Area Administrator (only required if request is \$5,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$10,000 and over): _____ Print Name: _____

Board Approval Date (only required if request is \$25,000 and over): _____

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ICISP

ILLINOIS CONSORTIUM FOR
INTERNATIONAL STUDIES
AND PROGRAMS

INVOICE

DATE: MAY 5, 2022

ICISP, c/o Karen Huber
Heartland Community College
1500 West Raab Road
Normal, IL 61761-9446

Phone: (309)-268-8664 Fax (309)-268-7981
E-mail: karen.huber@heartland.edu

TO College of DuPage
Attention: Sue Kerby
425 Fawell Boulevard
Glen Ellyn, IL 60137-6599

DUE DATE

July 1, 2022

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	ICISP Dues FY23	\$750	\$750
SUBTOTAL			\$750
CREDIT			
TOTAL DUE			\$750

Make all checks payable to *ICISP-Heartland Community College*

THANK YOU FOR YOUR BUSINESS!

"McKellin, Maren" <mckellin@cod.edu>

Check Request - ICISP Dues

"McKellin, Maren" <mckellin@cod.edu>

Fri, May 6, 2022 at 04:43 PM GMT

CC: Kerby, Susan <kerbys@cod.edu>

BCC:

Please see the Check Request attached.

Thanks,

Maren

From: Kerby, Susan <kerbys@cod.edu>
Sent: Friday, May 6, 2022 11:40 AM
To: McKellin, Maren <mckellin@cod.edu>
Subject: ICISP Dues check request

Sign and send. Thanks.

Sue Kerby

College of DuPage Field Studies|Study Abroad|Global Education

Coordinator of Study Abroad

425 Fawell Blvd, BIC 3520

Glen Ellyn, IL 60137

(630) 942-3078

1 attachment

Membership 2022 2023 check request..pdf